FEE

X\$18=

X86=

+290=

OR ADDIT, FEE

OR

OR

OR

_										:	• •	• .
	PATENT	APPLICATION Effect	ON FEE D			ION RECO	RD :	1	Application	-	Pocket Nur	nber
		CLAIMS A	S FILED (Colum		•	uma 2)	SM		YTITU	OR	OTHER	THAN ENTITY
T	OTAL CLAIMS	3	1 7		i .		F	RATE	FEE	7	RATE	FEE
FOR		NUMBER FILED		·NUM	BER EXTRA	BASIC FEE		385.00	IOR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20=		•	Ø	X\$ 9=		1	OR	X\$18=	·
	DEPENDENT C		§ minus 3 =		• 5	<i>b</i> .	X43=			OR	X86=	
M	MULTIPLE DEPENDENT CLAIM PRESENT							145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						, L	DTAL		OR	TOTAL	770.	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY						
ENTA		CLAIMS . REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
NDMEN	Total	· 10	Minus	-20)	= .	X	\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	3	CLAIM		×	43=		OR	X86=	
		TOTAL COLUMN	CIN D. OCI	LIVOLITI	COMM		+1	45=		OR	+290=	
								TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colum		(Column 3)						
o .		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ER	PRESENT EXTRA	R/	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL

		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C .		CLAIMS REMAINING AFTER AMENDMENT.		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
Š	Total		Minus	410	=						
ME	Independent	•	Minus	***	u u						
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT

The 'Highest Christies Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1

PAID FOR

ADDI-ADDI-RATE TIONAL RATE TIONAL FEE FEE X\$ 9-X\$18= OR X43= X86= OR +145= +290= OF TOTAL ADDIT: FEE TOTAL OR

FEE

X\$ 9=

X43=

+145≃

TOTAL ADDIT, FEE

* If

AMENDMENT

Total

Independent

^{*} If the entry in column 1 is less than the entry in column 2, write 101 in column 3 ** If the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20, enter "20."

[&]quot;"If the "Highest Humber Previously Paid For" (F) THIS SPACE is less than 3, enter "3."

RECEIVED CENTRAL FAX CENTER OCT 1 3 2004 I hereby certify that I have reasonable basis to expect that this correspondence is being transmitted by facsimile addressed to:

Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450 via fax number

703-872-9306 on

Stephanie

Stephanie Harbin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. 10/723,291

(Attorney Docket No. GP-303187)

Filed November 26, 2003

James R. Rosseau

Group 3661

METHOD AND SYSTEM FOR DETERMINING TIRE PRESSURE IMBALANCES

Examiner Thu V. Nguyen

AMENDMENT

Commissioner for Patents PO Box 1450 Alexandria VA. 22313-1450

In response to the Office Action mailed July 8, 2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper. Remarks/Arguments begin on page 4 of this paper.

10/20/2004 CCOFER

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01 FC:1251

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